CITY OF MOUNT AIRY
PRIVILEGE LICENSE

PO BOX 70
MOUNT AIRY, NC 27030
(336) 786-3517

Date of Application _____ License Year Beginning July 1, 200___

(1) Name of Business _____

(2) Street Address _____

(3) Mailing Address (if different) _____

(4) Is Business Located Within City Corporate Limits? Yes ☐ No ☐

(5) Is Business Operated From Residence? Yes ☐ No ☐ Zoning Approval ☐

(6) Description of Business Activity _____

_____

(7) If New Business, Show Exact Date Operation Began _____

(8) Is Business: Corporation ☐ Individual ☐ Partnership ☐ Other ☐

(9) Name of Owner / Manager (You must include each person owning 10% or more of this business.)

_____

_____

_____

(10) Type of Business Previously Located At This Address _____

(11) Federal Tax ID Number _____ Phone Number _____

THE FOLLOWING TYPES OF BUSINESSES REQUIRE A RECORD CHECK AND/OR BOND BEFORE ISSUANCE OF A LICENSE. PLEASE CHECK, IF APPLICABLE.

☐ Taxi Company ☐ Pawnbroker ☐ Soliciting

GS 105-66(d) (1) (a) REQUIRES NOTIFICATION TO THE TAX COLLECTOR FORTY-EIGHT (48) HOURS PRIOR TO GOING OUT OF BUSINESS, THE TRANSFER OF OR PENDING SALE TO ANOTHER PARTY.

THE UNDERSIGNED CERTIFIES, TO THE BEST OF THEIR KNOWLEDGE, THE ABOVE BUSINESS IS IN COMPLIANCE WITH ALL CITY OF MOUNT AIRY AND SURRY COUNTY ORDINANCES AND ZONING REQUIREMENTS.

SIGNED _____ TITLE _____ DATE _____
(NOTE: Must by signed by owner or officer of Business)

LICENSE #	ACCOUNT #
APPROVAL BY POLICE DEPARTMENT _____ CRIMINAL RECORD SEARCHED AND CLEAR AUTHORIZED SIGNATURE IF APPROVED _____ DATE _____ SIGN ONLY IF O.K. TO ISSUE LICENSE	